



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6747  
FAX: (208) 364-1811

November 20, 2007

Donna Lant, Administrator  
Karcher Estates LLC  
1127 Caldwell Blvd  
Nampa, ID 83651

License #: RC-776

Dear Ms. Lant:

On October 11, 2007, a State Licensure survey was conducted at Karcher Estates LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Debbie Sholley".

DEBBIE SHOLLEY, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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October 17, 2007

Donna Lant, Administrator  
Karcher Estates LLC  
1127 Caldwell Blvd  
Nampa, ID 83651

Dear Ms. Lant:

On October 11, 2007, a State Licensure survey was conducted at Karcher Estates LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 11, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Simpson", written over a horizontal line.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R776</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/11/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>KARCHER ESTATES LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1127 CALDWELL BLVD NAMPA, ID 83651</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted at your facility. The surveyors conducting the standard survey were:</p> <p>Debbie Sholley LSW Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid LSW Health Facility Surveyor</p> <p>Sydney Braithwaite RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF  
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BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

*IBD*

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Harcher Estates</i>	Physical Address <i>1127 Chat Caldwell Blvd.</i>	Phone Number <i>465-4435</i>
Administrator <i>Donna Lant</i>	City <i>Nampa</i>	ZIP Code <i>83651</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Standard</i>	Survey Date <i>10/11/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	300.01	The facility's licensed nurse did not ensure all staff who assisted with medications were delegated to.		
2	305.02	The facility's licensed nurse did not ensure resident medication orders were current & consistent with physician orders for 5 of 7 sampled residents # 1, 3, 5, 6 & 7. Additionally 7 out of 7 sampled residents did not have available PRN medications.		
3	310.01	The facility utilized <del>the</del> House Supply of medications that is not consistent with the Board of pharmacy Rules and not an approved system of the Licensing and Survey Agency.		
4	320.02	The NSA for resident #'s 1, 2 & 5 did not clearly describe needed health services. i.e. TED Hose, pushing fluids for a resident with recurrent UTIs.		

Response Required Date <i>11/11/07</i>	Signature of Facility Representative <i>Donna Lant, Executive Director</i>	Date Signed <i>10/11/07</i>
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II of II ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Karcher Estates</i>	Physical Address <i>1127 Caldwell Blvd.</i>	Phone Number <i>465-4935</i>
Administrator <i>Donna Lant</i>	City <i>Nampa</i>	ZIP Code <i>83651</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Standard</i>	Survey Date <i>10/11/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
5	320.02	The NSA for Resident # 2 & 7 did not identify or describe the residents' behaviors or what interventions to be used by direct care staff.		
6	625.01	4 of 4 current staff records reviewed did not have documented evidence of 16 hours of orientation training.		
7	630.01	3 of 4 current staff records reviewed did not have documented evidence of specialized training in dementia.		
8	640	3 of 4 current staff records reviewed did not have documented evidence of 8 hours continuing education/training.		
9	645	3 of 4 current staff records reviewed did not have evidence of completing and passing a medication assistance course.		

Response Required Date <i>11/11/07</i>	Signature of Facility Representative <i>Donna L Lant, Executive Director</i>	Date Signed <i>10/11/07</i>
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